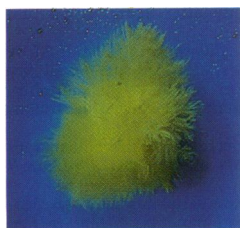


- 20 Cripps TR, Malik M, Farrell TG, Camm AJ. Prognostic value of reduced heart rate variability after myocardial infarction: clinical evaluation of a new analysis method. *Br Heart J* 1991;65:14-19.
- 21 Algra A, Tijssen JGP, Roelandt JRTC, Pool J, Lubsen J. Heart rate variability from 24-hour electrocardiography and the 2-year risk for sudden death. *Circulation* 1993;88:180-5.
- 22 Lown B, Verrier RL. Neural activity and ventricular fibrillation. *N Engl J Med* 1976;294:1165-70.
- 23 Hull SS Jr, Evans AR, Vanoli E, et al. Heart rate variability before and after myocardial infarction in conscious dogs at high and low risk of sudden death. *J Am Coll Cardiol* 1990;16:978-85.
- 24 Malik M, Farrell T, Camm AJ. Circadian rhythm of heart rate variability after acute myocardial infarction and its influence on the prognostic value of heart rate variability. *Am J Cardiol* 1990;66:1049-54.
- 25 Bigger JT Jr, Fleiss JL, Steinman RC, Rolnitzky LM, Kleiger RE, Rottman JN. Frequency domain measures of heart period variability and mortality after myocardial infarction. *Circulation* 1992;85:164-73.
- 26 Singer DH, Martin GH, Magid N, et al. Low heart rate variability and sudden cardiac death. *J Electrocardiol* 1988;21(suppl):S46-55.
- 27 Huikuri HV, Valkama JO, Airaksinen KE, et al. Frequency domain measures of heart rate variability before the onset of nonsustained and sustained ventricular tachycardia in patients with coronary artery disease. *Circulation* 1993;87:1220-8.
- 28 Vybiral T, Glaeser DH, Goldberger AL, et al. Conventional heart rate variability analysis of ambulatory electrocardiographic recordings fails to predict imminent ventricular fibrillation. *J Am Coll Cardiol* 1993;22:557-65.
- 29 Bigger JT Jr, La-Rovere MT, Steinman RC, et al. Comparison of baroreflex sensitivity and heart period variability after myocardial infarction. *J Am Coll Cardiol* 1989;14:1511-8.

IMAGES IN CARDIOLOGY

Papillary fibroelastoma of the mitral valve: a rare cause of transient neurological deficits



Surgically excised papillary fibroelastoma.

Papillary fibroelastomas are rare benign tumours of the endocardium that most commonly are found on the aortic or mitral valve.¹ They are a few millimetres to some centimetres in diameter and look like sea anemones (fig). Most are found coincidentally at necropsy but a few cause patients to present with systemic emboli derived from detached fronds of tumour or from thrombi developing between the fronds.

This specimen (2.3 cm in diameter) was removed from the mitral sub-valve apparatus of a man of 59 with a history of two transient cerebral ischaemic attacks. The mitral valve

was replaced. Routine echocardiography showed an intracavity mass within the left ventricle. Since the operation a year ago he has had no further cerebral ischaemic attacks.

Papillary fibroelastomas are different from myxomas. Not every intracavitary mass is a myxoma. If a fibroelastoma is recognised it can simply be peeled away from the underlying tissue and the valve can be preserved.

J MANN
D J PARKER

¹ McAllister HA, Fenoglio JJ. Tumours of the cardiovascular system. Armed Forces Institute of Pathology 1978:20-1.